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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/399,330 07/26/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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|  |                    |         |        |             |
|--|--------------------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR           | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | COUNTRY            | DRAWING | CLAIMS | CLAIMS      |
| Verified and<br>Acknowledged   | WI                 | 5       | 15     | 5           |
| Examiner's Signature <i>DSullivan</i>  | Initials <i>DS</i> |         |        |             |

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## TITLE

Functional cardiomyocytes from human embryonic stem cells

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|------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees  |
|            | RECEIVED  | <input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |